

AF/IFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Chi-Tang Ho, et al.

Serial No. : 10/663,530 Examiner: Deborah K. Ware

Filed : September 15, 2003 Group Art Unit: 1651

For : COMPOSITIONS AND METHODS FOR CANCER PREVENTION AND
TREATMENT DERIVED FROM INULA BRITANNICA

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: July 6, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37
C.F.R. \$1.9 and \$1.27 has been previously
established.

 A verified statement to establish small entity
status under 37 C.F.R. \$1.9 and \$1.27 is
enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	26 -	* 67 =	*** 0 X	\$26	\$52	=	0	
Indepen- dent Claims	2 -	** 3 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u> X </u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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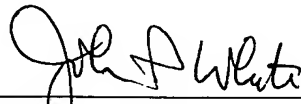
The following are also enclosed:

☐ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)
☒ A Petition for an Extension of Time, including a fee of
\$ 245.00 for a Petition for 2 Month(s) Extension of Time
☐ Other (identify): _____

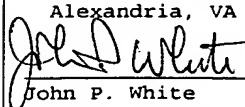
THE TOTAL FEE DUE IS \$ 245.00.

☒ A check in the amount of \$ 245.00 is enclosed.
☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
 John P. White Reg. No. 28,678	<u>7/6/09</u> Date